

Multiple Dependent Claim
Fee Calculation Sheet
(For Use With Form 3-875)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 3-875)

097980640

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3		1					53						
4	1		1				54						
5							55						
6		1		1			56						
7							57						
8							58						
9							59						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	4	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			6				TOTAL CLAIMS						